Introduction

Helicobacter pylori infection of the gastric mucosa affects approximately 50% of the world’s population. It seems to be the main cause of chronic antral gastritis and is strongly associated with peptic ulcer disease, gastric cancer, and gastric mucosa-associated lymphoid-tissue (MALT)—lymphoma. A high H. pylori seroprevalence has also been found in many extragastrointestinal disorders, including coronary heart disease, rosacea, growth failure in childhood, and active bronchiectasis.

It is well known that the prevalence of chronic obstructive pulmonary disease in peptic ulcer patients is increased two-to-three fold compared with findings in ulcer-free controls. The major factor underlying this association seems to be the impact of cigarette smoking on both diseases. However, a recent pilot study, in a small number of patients, showed that H. pylori infection, per se, might be related to an increased risk of developing chronic bronchitis. An epidemiological study in Danish adults also suggested that chronic bronchitis might be more prevalent in H. pylori IgG-seropositive women than in uninfected ones. However, insufficient information is available on the prevalence of H. pylori infection in chronic bronchitic patients.

In order to investigate the relation between H. pylori infection and chronic bronchitis, we assessed the H. pylori seroprevalence in a cohort of chronic bronchitics and control subjects.

Subjects and methods

The present study was conducted at the Ninth Department of Pulmonary Medicine, “Sotiria” Chest Diseases Hospital (Athens, Greece). The local ethics committee approved the study, and written informed consent was
Parameters | Controls (n = 120) | Bronchitics (n = 144) | P value
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Age | 50.8 ± 13.3 | 53.2 ± 12.7 | 0.81
Male sex (%) | 57.5 | 56.2 | 0.31
H. pylori IgG level (U/ml) | 25.9 ± 19.3 | 38.7 ± 24.1 | 0.02
H. pylori IgG seropositivity (%) | 60 | 83.3 | 0.007